



APPLICATION FOR PLUMBING PERMIT

APPLICATION NO.: PL _____ LOC: BS _____

PLEASE FILL OUT THE FOLLOWING INFORMATION

JOB ADDRESS: _____ UNIT NO.: _____

CITY/LOCALITY: _____ CROSS-ST: _____

ASSESSOR INFORMATION NO.: _____

TENANT: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

OWNER'S NAME: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

OWNER/BUILDER: YES ___ NO ___

PHONE: (____) _____ EXT: _____

APPLICANT: _____
(LAST NAME) (FIRST) (MI)

ADDRESS: _____

PHONE: (____) _____ EXT: _____

CONTRACTOR: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

LIC. NO.: _____ CLASS: _____

PHONE: (____) _____ EXT: _____

ARCH/ENG: _____
(LAST NAME/BUSINESS NAME) (FIRST) (MI)

ADDRESS: _____

LIC. NO.: _____ CLASS: _____

PHONE: (____) _____ EXT: _____

WORK DESCRIPTION: _____

PLUMBING FEES

ITEMS

03	BACKWATER VALVES	_____	Valve(s)
05	BACKFLOW PREVENTION DEVICE / SPRINKLER	_____	Device(s)
07	BATHTUBS / SHOWERS	_____	Fixture(s)
11	CLOTHESWASHER (TRAY/STANDPIPE)	_____	Fixture(s)
13	DISHWASHERS	_____	Fixture(s)
15	DRINKING FOUNTAIN	_____	Fixture(s)
17	FLOOR DRAINS	_____	Fixture(s)
19	FLOOR SINKS	_____	Fixture(s)
21	HOSE BIBBS	_____	Fixture(s)
23	INTERCEPTOR (CLARIFIER)	_____	System(s)
25	LAVATORIES / SINKS	_____	Fixture(s)
26	MISCELLANEOUS FIXTURE	_____	Fixture(s)
27	PRESSURE REGULATOR - PRV/WATER	_____	Device(s)
29	ROOF DRAINS	_____	Fixture(s)
35	SOLAR WATER HEATING SYSTEM	_____	System(s)
39	SWIMMING POOL TRAP AND RECEPTOR	_____	System(s)
41	TRAP PRIMER	_____	System(s)
45	WATER CLOSET / URINAL / BIDET	_____	Fixture(s)
47	WATER HEATER	_____	W.H.(s)
49	WATER TREATING EQUIPMENT (FILTER, SOFTENER)	_____	System(s)
51	LOW PRESSURE GAS SYS. (5 OUTLETS OR LESS)	_____	System(s)
52	FEE FOR ADDITIONAL OUTLETS > 5	_____	Outlet(s)
53	MEDIUM/HIGH PRESSURE GAS SYSTEM	_____	System(s)
54	ADDITIONAL FEE FOR EACH OUTLET	_____	Outlet(s)
55	GAS METER (PRIVATE)	_____	Meter(s)
56	GAS REGULATOR	_____	Reg(s)
60	DRAINAGE / VENT PIPING REPAIR OR ALTER	_____	System(s)
62	GREYWATER SYSTEM	_____	System(s)
63	WATER PIPING REPLACEMENT BRANCH/FIXTURE	_____	Fixture(s)
64	OTHER WATER PIPING < 1 1/2 INCHES	_____	Line(s)
65	OTHER WATER PIPING 2 - 3 INCHES	_____	Line(s)
66	OTHER WATER PIPING > 3 INCHES	_____	Line(s)

FOR BUILDING AND SAFETY USE ONLY

01	PERMIT ISSUANCE FEE	_____	
02	PLAN CHECK FEE (PLUMBING CODE)	_____	
03	ADDITIONAL PLAN CHECK (COMB WASTE & VENT)	_____	System(s)
04	ADDITIONAL PLAN CHECK (EARTHQUAKE VALVE)	_____	Valve(s)
05	ADDITIONAL PLAN CHECK (CHEMICAL WASTE)	_____	System(s)
06	ADDITIONAL PLAN CHECK (RAINWATER SYSTEM)	_____	System(s)
07	PLAN CHECK COMB WASTE & VENT ONLY	_____	System(s)
08	PLAN CHECK EARTHQUAKE VALVE ONLY	_____	Valve(s)
09	PLAN CHECK CHEMICAL WASTE ONLY	_____	System(s)
10	PLAN CHECK RAINWATER SYSTEM ONLY	_____	System(s)
11	PLAN CHECK GREYWATER SYSTEM ONLY	_____	System(s)
12	SUPPLEMENTAL PLAN CHECK FEES	_____	Hour(s)
13	INVESTIGATION FEE (R-3 OCCUPANCY)	_____	Each
14	INVESTIGATION FEE (OTHER OCCUPANCY)	_____	Each
15	NONCOMPLIANCE (R-3 OCCUPANCY)	_____	Each
16	NONCOMPLIANCE (OTHER OCCUPANCY)	_____	Each
17	BOARD OF APPEALS FEE	_____	
18	ALTERNATE MATERIAL FEE	_____	Hour(s)